

**HOME AND COMMUNITY BASED CARE WAIVERS:  
HIV/AIDS WAIVER**

Page 12 - 44

<b>DESCRIPTION</b>							
Services are provided to recipients with AIDS or who are HIV + symptomatic and are at-risk of institutionalization. Recipient must be at-risk of inpatient hospital or nursing facility placement and the provision of home and community-based care must be determined by a preadmission screening team. Individuals may not receive services under any other home and community-based waiver while receiving services under this waiver. The waiver year is July 1st through June 30th.							
<b>WAIVER INFORMATION<sup>1</sup></b>							
Service	Effective Date	Covered Services	Excluded Services	Pre-Screening and Authorization	Billing	Current Rates NOVA      ROS	
<b>Private Duty Nursing</b>	January 1991	Reimbursement for care provided by a Registered Nurse or a Licensed Practical Nurse	Limited to medically necessary and cost effective services.	Pre-assessment completed by a preadmission screening team. Pre-authorization contractor authorizes services.	Providers bill monthly using procedure codes to indicate the type of service provided. Reimbursement is made for the number of hours that the RN or LPN provided care during a calendar month.	RN: \$30.00/hr  LPN: \$26.00/hr	RN: \$24.70/hr  LPN: \$21.45/hr
<b>Personal Care</b>	January 1991	Reimbursement for services of Personal Care Aides who assist with the recipient's activities of daily living such as bathing, dressing, transferring, ambulation and meal preparation.	<ul style="list-style-type: none"> <li>• Transportation services. (Note: The aide/agency cannot transport recipients, only escort them.)</li> <li>• Skilled services requiring professional skills or invasive therapies.</li> <li>• Services provided to other members of the household</li> </ul>	Pre-assessment completed by a preadmission screening team. Pre-authorization contractor authorizes services.	Reimbursement is for the number of hours that the personal care aide rendered for the recipient. Bi-weekly timesheets are submitted to the Fiscal Agent.	<u>Agency-directed:</u> \$15.11/hour  <u>Consumer-directed:</u> \$10.61/hour  <u>Note:</u> The rate for Personal Care services in the HIV/AIDS Waiver is higher than the rate in other waivers.	<u>Agency-directed:</u> \$13.31/hour  <u>Consumer-directed:</u> \$8.19/hour
<b>Respite Care</b>	January 1991	Reimbursement for care provided by a RN, LPN, or Aides as respite for up to 30 days or 720 hours per calendar year. Differs from Personal Care in that the goal is for the relief of the caregiver.	<ul style="list-style-type: none"> <li>• Transportation services. (Note: While the aide/agency cannot transport recipients, they may escort them.)</li> <li>• Services provided to other members of the household</li> </ul>	Pre-assessment completed by a Pre-admission Screening Team and/or DMAS. Pre-authorization contractor authorizes services.	Reimbursement is made for the number of hours of that the personal care aide, RN, or LPN rendered for the recipient. Personal attendants who provide respite services submit bi-weekly timesheets to the Fiscal Agent.	<u>Agency-directed:</u> Aide: \$15.11/hour RN: \$30.00/hour LPN: \$26.00/hour  <u>Consumer-directed:</u> Aide: \$10.61/hour	<u>Agency-directed:</u> Aide: \$13.31/hour RN: \$24.70/hour LPN: \$21.45/hour  <u>Consumer-directed:</u> Aide: \$8.19/hour
<b>Enteral Nutrition</b>	January 2002	Reimbursement in accordance with DMAS established criteria described in Chapter IV of the DME manual.		Billing must be supported by a DMAS-116.	Providers must use the appropriate HCPCS codes identified in the "Medicaid DME and Supplies Listing" when billing for enteral nutrition.	The rates paid for nutritional supplements are in accordance with the current DME fee schedule, as published in Appendix B of the Medical Supplies and Equipment Provider Manual, issued by DMAS.	
<b>Case Management</b>	January 1991	Reimbursement for monitoring, reevaluation, revisions to the plan of care and integration of services provided by case managers for approved HIV/AIDS waiver recipients.	A maximum of 10 hours of case management services may be billed per month per recipient.	Pre-assessment completed by a preadmission screening team. Pre-authorization contractor authorizes services.	Reimbursement is made for the number of hours (up to 10 per recipient) of service to the recipient's care during a calendar month.	\$20.00/hour	\$15.00/hour
<b>Consumer-Directed Services Facilitation</b>	March 2003	Responsible for monitoring the ongoing provision of CD services.		Pre-assessment completed by a preadmission screening team. Pre-authorization contractor authorizes services.	Services Facilitation is billed using procedure codes to indicate the type of service provided.	<u>Comprehensive Visit:</u> \$219.45      \$169.05 <u>Routine Visit:</u> \$68.25      \$52.50 <u>Reassessment Visit:</u> \$110.25      \$84.00 <u>Consumer Training:</u> \$218.40      \$168.00 <u>Management Training:</u> \$27.30      \$21.00 <u>Criminal Record Check:</u> \$15.00 each <u>CPS Registry:</u> \$5.00 each	

Continued

**HOME AND COMMUNITY BASED CARE WAIVERS:  
HIV/AIDS WAIVER (Continued)**

Page 12 - 45

**RECIPIENT AND PAYMENT DATA<sup>2</sup>**

	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
<b>Private Duty Nursing</b>										
Number of Recipients	92	67	55	54	27	14	1	3	0	0
Payments	\$238,744	\$229,088	\$206,336	\$219,734	\$117,153	\$104,992	\$35,756	\$1,785	\$0	\$0
Cost per Recipient	\$2,595	\$3,419	\$3,752	\$4,069	\$4,339	\$7,499	\$35,756	\$595	\$0	\$0
<b>Agency-Directed Personal Care</b>										
Number of Recipients	186	134	137	114	91	69	57	66	82	66
Payments	\$1,111,641	\$722,071	\$653,669	\$544,973	\$536,841	\$536,293	\$458,514	\$417,826	\$622,960	\$548,819
Cost per Recipient	\$5,977	\$5,389	\$4,771	\$4,780	\$5,899	\$7,772	\$8,044	\$6,331	\$7,597	\$8,315
<b>Consumer-Directed Personal Care</b>										
Number of Recipients							0	1	1	4
Payments							\$0	\$3,080	\$24,090	\$62,823
Cost per Recipient							\$0	\$3,080	\$24,090	\$15,706
<b>Agency-Directed Respite Care</b>										
Number of Recipients	11	5	4	14	10	10	6	14	20	17
Payments	\$17,768	\$10,032	\$2,069	\$12,686	\$38,797	\$7,718	\$10,137	\$33,470	\$55,220	\$80,244
Cost per Recipient	\$1,615	\$2,006	\$517	\$906	\$3,880	\$772	\$1,690	\$2,391	\$2,761	\$4,720
<b>Consumer-Directed Respite Care</b>										
Number of Recipients							0	0	1	1
Payments							\$0	\$0	\$6,340	\$3,769
Cost per Recipient							\$0	\$0	\$6,340	\$3,769
<b>Enteral Nutrition</b>										
Number of Recipients							9	18	22	8
Payments							\$11,386	\$10,701	\$8,243	\$8,332
Cost per Recipient							\$1,265	\$595	\$375	\$1,042
<b>Case Management</b>										
Number of Recipients	615	547	504	444	397	322	266	259	188	79
Payments	\$240,332	\$209,375	\$230,841	\$229,660	\$193,950	\$170,130	\$156,531	\$138,284	\$65,944	\$33,090
Cost per Recipient	\$391	\$383	\$458	\$517	\$489	\$528	\$588	\$534	\$351	\$419
<b>CD Services Facilitation</b>										
Number of Recipients							0	0	1	3
Payments							\$0	\$0	\$500	\$1,513
Cost per Recipient							\$0	\$0	\$500	\$504
<b>TOTAL SERVICES</b>										
Number of Unduplicated Recipients	636	564	516	465	417	337	277	274	213	98
Payments	\$1,608,485	\$1,170,566	\$1,092,915	\$1,007,053	\$886,741	\$819,133	\$672,324	\$605,146	\$783,297	\$738,590
Cost per Recipient	\$2,529	\$2,075	\$2,118	\$2,166	\$2,126	\$2,431	\$2,427	\$2,209	\$3,677	\$7,537

- Notes:
- (1) HIV/AIDS Waiver Services Manual.
- (2) Recipient and expenditures data sources include the CMS 372 Report series "Annual Report on Home and Community-Based Waivers", the DMAS CD Payroll database, and

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